



Indiana Department of Education

Dr. Katie Jenner, Secretary of Education

ANNUAL SURVEY OF CHILDREN IN LOCAL INSTITUTIONS FOR NEGLECTED OR DELINQUENT CHILDREN

SECTION I - INSTITUTION AND SCHOOL CORPORATION

1. NEGLECTED OR DELINQUENT INSTITUTION (LEGAL NAME) ADDRESS (Number, Street, City, State, Zip Code):	2. LOCAL PUBLIC SCHOOL CORPORATION IN WHICH THIS INSTITUTION IS LOCATED: Corporation Number: Corporation Name: ADDRESS (Number, Street, City, State, Zip Code):
3. TYPE OF INSTITUTION (If the Institution serves both neglected and delinquent children, complete separate forms with separate counts.) Check one: () An "INSTITUTION FOR NEGLECTED CHILDREN" means, as determined by the SEA, a public or private residential facility (other than a foster home) that is operated for the care of children who have been committed to the institution, or voluntarily placed in the institution under applicable state law, because of the abandonment by, neglect by, or death of parents. () An "INSTITUTION FOR DELINQUENT CHILDREN" means, as determined by the SEA, a public or private residential facility that is operated for the care of children who have been determined to be delinquent or in need of supervision.	4. LEGAL OR ADMINISTRATIVE BASIS FOR DESIGNATION OF THIS INSTITUTION (See instructions): Check one: () State license () Charter () Appropriate legal citations () Recognition by a welfare agency () Additional or Other: _____ _____ _____
5. CASELOAD (Please complete A, B, and C. See instructions): A. Total caseload for October 2022 (October 1 through October 31): _____ B. Total count for 30 consecutive day period (see instructions for determining count): _____ C. Was there a large increase or decrease in this year's annual count in comparison to last year's annual count? _____ IF 'YES', PLEASE EXPLAIN: _____ _____	

SECTION II - BASIS FOR ELIGIBILITY

1. Is this institution operated for the care of: (See instructions) A. Children who are abandoned by, neglected by, or separated by the death of their parents? Yes No B. Children who have been determined by appropriate state or local authority to be delinquent or in need of supervision? Yes No	2. Is this institution a residential facility which children are under 24 hour care? Yes No	3. Does the caseload data reported in item 5B above include only children ages 5-17 inclusive? Yes No
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SECTION III - CERTIFICATION BY AUTHORIZED OFFICIALS

I CERTIFY that the information provided on this form is, to the best of my knowledge, complete and accurate. A knowingly false claim on this report is a criminal offense under U.S. Code, Title 18 Section 1001 or Section 287.

CHIEF ADMINISTRATIVE OFFICIAL OF INSTITUTION		LEA REPRESENTATIVE	
SIGNATURE _____	DATE SIGNED _____	SIGNATURE _____	DATE SIGNED _____
TYPE NAME/TITLE _____	PHONE NUMBER _____	TYPE NAME/TITLE _____	PHONE NUMBER _____
E-MAIL ADDRESS _____		E-MAIL ADDRESS _____	

(Note: Because these data will generate Federal funds, they are subject to audit and must be supported by documented records.)

Please email to Titleidata@doe.in.gov no later than December 12, 2022.

This form must be signed by both representatives. Please do not mail hard copies.